

STATE OF LOUISIANA  
**OFFICE OF STATE UNIFORM PAYROLL**  
REQUEST FOR DIRECT DEPOSIT WAIVER

**EMPLOYEE INFORMATION**

NAME: _____	AGENCY: _____
ADDRESS: _____	PERSONNEL NO.: _____
ADDRESS: _____	SOCIAL SECURITY NO.: _____
CITY/STATE: _____	DAYTIME PHONE: _____

**WAIVER STATEMENT**

I, \_\_\_\_\_ hereby request waiver of the requirement for direct deposit of my future paychecks for the following hardship reasons:

<input type="checkbox"/> <b>Geographical Barrier</b> <input type="checkbox"/> <b>Unable to establish account</b>	<input type="checkbox"/> <b>Physical/Mental Disability Barrier</b> <input type="checkbox"/> <b>Other</b>
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Please use this space to explain above indicated reason

☐ **Supporting Documentation Attached.**

**I understand that if my request for waiver of the payroll direct deposit requirement is approved, my paycheck will be mailed to my current address in the payroll system on payday Friday. If this request is denied, I understand that my paycheck will be held and I will not receive payment until I complete a direct deposit enrollment authorization form and forward to Employee Administration.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**AGENCY PAYROLL/PERSONNEL USE ONLY**

I hereby certify that the above reasons and/or supporting documentation meet the requirements for granting a waiver.

☐ **Approved**

☐ **Denied**

**Agency Name:** \_\_\_\_\_

**Agency AFS Number:** \_\_\_\_\_

\_\_\_\_\_  
Agency/Department Head (print)

\_\_\_\_\_  
Agency/Department Head Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**OSUP USE ONLY**

☐ **Approved**

☐ **Denied**

\_\_\_\_\_  
OSUP/DOA Representative (print)

\_\_\_\_\_  
OSUP/DOA Representative Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date